

REMARKS

Status of Application

Claims 1-5, 7, 9, 11-20, 22, 24, and 26-37 are all the claims pending in the Application. Claims 1, 9, 13, 16, 22, 24, 27, and 28 are amended. Claims 6, 8, 10, 21, 23, and 25 are canceled without prejudice or disclaimer.

Allowable Subject Matter

The Examiner has objected to claims 10 and 25 as being dependent upon a rejected base claim, but indicates that these claims would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims.

Applicant hereby amends independent claims 1 and 16 to incorporate the allowable matter of claims 10 and 25, respectively, including the matter of all intervening claims. Thus, Applicant respectfully submits that independent claims 1 and 16, and their dependent claims 2-5, 7, 9, 11-15, 17-20, 22, 24, and 26-37, are now in condition for allowance. Accordingly, Applicant respectfully requests that the outstanding rejections be withdrawn.

Conclusion

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.


AMENDMENT UNDER 37 C.F.R. § 1.114(c)
U.S. Application No.: 10/664,864

Attorney Docket No.: Q77097

This Amendment is being filed via the USPTO Electronic Filing System (EFS).

Applicants herewith petition the Director of the USPTO to extend the time for reply to the above-identified Office Action for an appropriate length of time if necessary. Any fee due under 37 U.S.C. § 1.17(a) is being paid via the USPTO Electronic Filing System (EFS). The USPTO is also directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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CUSTOMER NUMBER

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